

(1) PLACE OF BIRTH

County of York

Township of

City of Rock Hill

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. for State Registrar Only

16243

Registration District No. 44B Registered No. 94

(For use of Local Registrar)

(No. of Birth) (M.I. of Birth) (Ward)

(2) Full Name of Child Lillian Huffatiller

If child is not yet named, make supplemental report as directed

SEX OF CHILD

(4) Twin or triplet?

(5) Number in order of birth 8th(6) Are Parents Married Yes(7) DATE OF BIRTH May 3 1923
(Name of Month) (Day) (Year)

FATHER.

FULL NAME

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 38
(Years)

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(3) I hereby certify that I attended the birth of this child, who was born alive 12 20 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. E. Sampson

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6/9 1923

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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